

# BERT Funeral Claim Form

Please return this completed form to your Union:

**CFMEU QLD/NT Branch**

Email: queries@qld.cfmeu.asn.au Fax: 07 3231 4699  
Post: 16 Campbell Street, BOWEN HILL OLD 4006

**PLUMBERS UNION QLD/NT**

Email: office@plumbersunionqld.com Fax: 07 3844 8233  
Post: PO Box 3596, SOUTH BRISBANE OLD 4101



## MEMBER DETAILS

Surname	<input type="text"/>	Mr	<input type="checkbox"/>	Mr ;	<input type="checkbox"/>	Mis ;	<input type="checkbox"/>	Ms	<input type="checkbox"/>										
Given names	<input type="text"/>	Date of birth	<input type="text"/>	D	<input type="text"/>	D	<input type="text"/>	M	<input type="text"/>	M	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>
Street address	<input type="text"/>																		
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Union	<input type="checkbox"/> CFMEU	<input type="checkbox"/> Plumbers UnionQLD / NT	Union No. (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BERT member number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current employer	<input type="text"/>																		

## DETAILS OF THE DECEASED

Surname	<input type="text"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>										
Given names	<input type="text"/>	Date of birth	<input type="text"/>	D	<input type="text"/>	D	<input type="text"/>	M	<input type="text"/>	M	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>
Street address	<input type="text"/>																		
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	D	<input type="text"/>	D	<input type="text"/>	M	<input type="text"/>	M	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>
Relationship to Member	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto	<input type="checkbox"/> Child	<input type="checkbox"/> Dependant Child														

### PLEASE NOTE - IMPORTANT

#### 1. BERT Fund account Balance

If the Deceased was a member in the BERT Redundancy Fund there may be unclaimed Employer contributions that have been paid into the Member's account. These can be paid out as a death claim to the Member's beneficiaries. Please contact the BERT Office for further information,

#### 2. BERT Fund Child Care Claim

If the Deceased was the Spouse/Defacto partner of the Union Member, and there are children under the age of 13 years from the relationship, then a child care (minding) benefit claim has been accepted and paid. Conditions Apply. Please contact the BERT Office for further information.

**If you require assistance please call the BERT Office on 1300 261 114**

## DETAILS OF THE PERSON CLAIMING FUNERAL BENEFIT

Surname	<input type="text"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>										
Given names	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>																		
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>																		
Relationship to the Deceased	<input type="text"/>																		



If you require assistance please call your Union Office  
**CFMEU - PH: 07 3231 4600**  
**Plumbers Union QLD/NT Toll Free: 1800 653 118 Ph: 07 3844 8433**

**Please turn over for document requirements and declaration**



